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ABSTRACT

The Program for Pregnant and Parenting Services (PPPF) assists children in the New York City public school system who also happen to be parents. In 1993 the program received a federal child care and development block grant which was used to augment the child development, child care, and case management services provided to their student clientele. This report summarizes the steps taken by the program to enhance its services to students. After outlining the basic services offered to the students, the researchers describe some of the program's augmented services, such as day care so that new mothers can continue to attend classes. Recognizing the politically volatile issues of adolescent sexual behavior and contraception, while also acknowledging the desirability of reducing the rate of unintended pregnancy among adolescents, the program analysts recommend that PPPF increase efforts in two areas: (1) include the partners of its pregnant and parenting students in all program activities; and (2) develop a curriculum that encourages adolescents to delay childbearing until both the father and the mother are willing and able to make a life-long financial and emotional commitment to the child. Included with the findings are six tables which describe the students and services in this program. (RJM)

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OREA Report

ADOLESCENT CHILD CARE PROGRAM
1992-93

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EXECUTIVE SUMMARY

In early 1993, the program for Pregnant and Parenting Services applied for and received a federal child care and development block grant. This funding was used to augment the child development, child care and case management services provided to New York City public school students who are either pregnant or parenting. This report summarizes the steps taken by the program to enhance its services to students.

Based on the findings of the evaluation, OREA recommends that program planners:

- increase efforts to include the partners of its pregnant and parenting students in all program activities; and
- develop a curriculum that encourages adolescents to delay childbearing until both the father and the mother are willing and able to make a life-long financial and emotional commitment to the child.

ACKNOWLEDGEMENTS

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I. INTRODUCTION

ADOLESCENT SEXUAL BEHAVIOR, PREGNANCY, AND PARENTING

Recent National Statistics

Teenagers are more sexually active today than they were 20 years ago. In 1979, only 27 percent of white and 46 percent of black adolescents were sexually active; by 1988 those percentages had increased to 51 percent and 59 percent respectively.*

Young people are also becoming sexually active at an earlier age. In 1982, for example, only 19 percent of 15-year-old girls reported having had sexual intercourse, but by 1988 that figure had risen to 27 percent. In 1990, among young men aged 15-19, 81 percent of blacks, 60 percent of Hispanics and 57 percent of whites reported having had intercourse; among young women, the proportions were 59 percent, 45 percent and 48 percent, respectively. By the time they reach 19 years of age, 75 percent of the young women and 86 percent of the young men report that they have had sexual intercourse. Yet, according to the Alan Guttmacher Institute, on average, secondary schools spend fewer than seven hours a year on sex education, and only two of those hours involve discussions about contraception and the prevention of sexually transmitted diseases.

One result of the failure to openly discuss adolescent sexual behavior, and to provide teenagers with information about contraceptive use, is that the United States has one of the

*Data sources for this report are The Alan Guttmacher Institute, the National Center for Health Statistics, and the New York City Department of Health.

highest teenage pregnancy rates in the western world. Between 1960 and 1989, out of wedlock births rose from 9 to 22 percent for young white women and from 42 to 70 percent for young black women. More than one million teenagers (one in nine young women aged 15-19) become pregnant each year, and over 50 percent of those pregnancies result in birth. According to The Alan Guttmacher Institute, by age 18, one in four girls will become pregnant at least once (21 percent of white and 40 percent of minority teenagers). And, one in five girls who have a pre-marital pregnancy will become pregnant again within a year, 31 percent within two years.

Impact of Teenage Childbearing

Teenage childbearing has serious consequences for the teen mother, her child, and society. The socioeconomic disadvantages faced by these young mothers generally last throughout their lives because they have less education, more children, and are usually single parents. Moreover, children in single-parent households are six times as likely to be poor than children in two-parent households. Furthermore, according to a 1988 survey conducted by the National Center for Health Statistics, children of single parents are two to three times as likely as children from two-parent families to have emotional and behavior problems. They are also more likely to drop out of high school, get pregnant as teenagers, abuse drugs, and get into trouble with the law. In addition, the financial costs of teenage childbearing impact significantly on society. In 1990, for example, the U.S.

government spent over \$25 billion providing social, health, and welfare services to families begun by teenage mothers. It is estimated that the babies born to teenage mothers in 1990 will cost U.S. taxpayers more than \$7 billion over the next 20 years.

New York City Teenage Pregnancy Rates and Childcare Needs

In New York City, where 58 percent of white, 75 percent of black, 56 percent of Hispanic, and 34 percent of all other racial and ethnic groups enrolled in high school reported having had sexual intercourse during 1991,* more than 28,000 girls between the ages of 10 and 17 become pregnant every year. Because over half of these girls keep their babies, it is estimated that teen pregnancy and parenting responsibilities result in a 25 percent dropout rate among these young women. To ameliorate this situation, the New York City public schools began an infant and toddler day care program at school-based centers in the mid-1980s. By 1993, the public school system had become the largest provider of infant/toddler group day care in the City of New York. In that same year, approximately 5,000 teen parents and their children participated in services offered by the public school system under the rubric of the Program for Pregnant and Parenting Services.

PROGRAM COMPONENTS OF PREGNANT AND PARENTING SERVICES

The Program for Pregnant and Parenting Services coordinates special services for pregnant and parenting public school

*These data are based on a sample of 1,003 New York City high school students who participated in the 1991 Youth Risk Behavior Survey conducted by the Centers for Disease Control.

students throughout the five boroughs. Currently, the program has seven components. These components include:

- Family Centers--five alternative schools for pregnant girls in grades 5-12 that offer regular school classes, and special instruction related to child bearing and parenting;
- LYFE Centers (Living for the Young Family Through Education)--an infant-toddler day care program offered at 33 sites throughout the city;
- TOPP (Teen Outreach Pregnancy Prevention Program)--a collaboration with community-based organizations that provides individual counseling, workshops, seminars, and teacher training in pregnancy prevention;
- Babygram Outreach--a collaboration with municipal and voluntary hospitals that identifies and assists pregnant and parenting students in staying in, or returning to, school;
- Project Return--assists parents of elementary school children in returning to school;
- Staff Development and Teen Resource Center--offers training in parenting skills, child development, and related topics to program staff, regular school staff, students, and other interested members of the community; and
- Single Parent After School Entrepreneurship Program--special activities designed to enhance marketable skills while increasing students' awareness of post-secondary educational opportunities.

ADOLESCENT CHILD CARE PROGRAM

In an effort to improve its parenting services, the program applied for and received a federal child care and development block grant in early 1993. This additional funding was used to enhance child development, child care and case-management services, under the title of the Adolescent Child Care Program.

The Program established three goals for funding use:

- To improve the child care arrangements for children of adolescent parents (aged 12-17) who are attending secondary education programs;

- To improve the parenting skills of adolescent parents; and
- To improve performance of parenting skills teachers.

These goals were measured by separate objectives:

- By June 30, 1993, the child-care facilities providing day care arrangements for in-school parents will be upgraded,
- By June 30, 1993, adolescent parents participating in activities sponsored under the Adolescent Child Care Program will demonstrate a significant increase in parenting skills as evidenced by student questionnaires and where appropriate pre-post knowledge, skills and attitudes, and
- By June 30, 1993, as a result of participation in staff development activities sponsored under funding received from the Adolescent Child Care Program, teachers will demonstrate an increased awareness of issues involved in parenting education.

This report outlines the extent to which each objective has been met as reflected in the activities initiated in order to achieve them.

SCOPE OF THIS REPORT

Findings concerning the upgrading of child-care facilities and case management services are presented in Chapter II, conclusions and recommendations follow in Chapter III.

II. FINDINGS

UPGRADE OF CHILD-CARE FACILITIES AND CASE MANAGEMENT SERVICES

The Program for Pregnant and Parenting Services operates 33 day care centers through its LYFE program. Block grant funds were used to increase the program's child-care capabilities and to expand its case management services.

Purchase of Equipment

Because of the increasing need for day care services, LYFE purchased additional equipment for its centers.

Occasional Care Daycare Room At P911

P911 is one of the five schools for pregnant girls operated by the program. Many young mothers who attend P911 during their pregnancy want to continue classes there after their children are born. Program staff recognize that this post-natal period is a crucial time in the lives of these young women and have, therefore, allowed students a transition period in which they can continue to attend classes at the school. There was, however, a wait-list for the LYFE center. To address this issue, program staff used block grant funds to establish an occasional care daycare room to provide these young mothers with limited access to child care so that they could attend classes while arranging for more permanent child care. The room was also available to students who have made their own child care arrangement but who occasionally needed back-up child care.

The Occasional Care Daycare room began operations in April. Five children used the facility during the remainder of the school year. On average, children stayed for one month.

Social Worker at Brooklyn Outreach

Because child care responsibilities are often a factor in a student's decision to quit school, program staff hired a social worker to work on-site at the Brooklyn Outreach Center in April 1993.* The social worker was to act as liaison with community-based agencies in establishing a network of trained family daycare providers. In this way, the LYFE program would be able to assist the Center in addressing the child care needs of its registered students in a timely manner. By June, the social worker had assisted approximately 150 students with child care, Medicaid, public assistance, mental health, and housing problems. In addition, the social worker held individual and group meetings with students and provided information about workshops on parenting, pregnancy, and sexuality.

SPECIAL EDUCATION INCLUSION DAY CARE

Currently LYFE provides group day care services to the children of adolescent parents are designated as special education because they have learning disabilities (MIS I) or emotional problems (MIS II).** To determine if the needs of

*The Brooklyn Outreach Center provides services to high school students at-risk of dropping out of school.

**Modified Instructional Setting (MIS) students are in self-contained classes. Students are classified MIS according to special needs including learning disabilities, emotional disturbances, and hearing and vision impairments.

these adolescent parents differ from those of other adolescent parents, program staff used block grant funds to conduct a needs assessment survey. This survey was developed by the Office of Research, Evaluation, and Assessment (OREA) and sent to all junior and senior public high school principals in the city as well as to 50 community-based organizations that work with the special education population.*

School Needs Assessment

OREA sent questionnaires to 180 junior high schools and 140 senior high schools. Of that number, only 37 junior high and 48 senior high schools responded to the survey. There was, however, remarkable agreement among the 85 (34 percent) responding schools. For example, Table 1 shows the percent of pregnant/parenting developmentally delayed students by impairment. Interestingly, speech and dyslexia are reported to be the most prominent impairments among this student population. Tables 2 and 3 indicate respondents' perceptions of the services needed by these pregnant and parenting teens. Both junior and senior high school respondents agreed that the students need parenting skills, family living skills and individual counseling the most. With a few exceptions such as for family or recreational therapy, respondents from different boroughs responded similarly. As shown in Tables 4 and 5, when asked what support services they would like to see established within the LYFE centers,

*Because only one of the community-based organizations returned the needs assessment survey, this report discusses the parenting needs of only those students who enrolled in special education classes within the public school system.

Table 1

Percent of Pregnant/Parenting Developmentally
Delayed Students With Impairments by Borough

Impairments	Overall	Man- hattan	Brooklyn	Bronx	Queens	Staten Island
<u>Junior High Schools</u>						
Hearing	1.2	1.0	1.6	0.8	1.3	NA
Speech	13.2	6.7	5.0	8.0	10.0	NA
Walk/grasp	1.1	0.0	1.2	2.0	0.8	NA
Dyslexia	2.8	10.0	0.0	0.8	2.5	NA
Epilepsy	0.6	1.7	0.0	0.4	0.8	NA
Heart	0.6	0.7	1.0	0.6	0.0	NA
<u>High Schools</u>						
Hearing	0.5	0.0	0.8	0.8	0.3	0.7
Speech	8.4	1.4	19.4	14.0	0.6	4.3
Walk/grasp	0.4	0.0	0.9	0.0	0.0	1.7
Dyslexia	14.0	8.8	22.0	35.1	1.2	2.0
Epilepsy	1.3	2.0	3.0	3.4	0.0	0.0
Heart	1.3	2.0	2.5	3.0	1.4	1.3

- Both junior high and high school respondents reported that speech and dyslexia were the most prominent impairments.

Table 2

Summary of School-Based Staff's Mean Assessment of
Needs of Developmentally Delayed Pregnant/Parenting
Junior High School Students^a

Needs	Overall (n=37)	Man- hattan (n=7)	Brooklyn (n=12)	Bronx (n=8)	Queens (n=9)	Staten Island (n=1)
H.S. Education	4.3	3.2	4.4	4.8	5.0	3.0
Individual Counseling	4.8	4.2	5.0	4.9	4.8	5.0
Parenting Skills	5.0	4.5	5.0	5.0	5.0	5.0
Family Living Skills	4.8	4.7	5.0	4.8	4.8	5.0
Social Skills	4.5	4.3	4.6	4.6	4.5	5.0
Health Ed.	4.6	4.2	4.6	4.8	4.5	5.0
Therapy/Re- creational	3.8	3.5	3.8	3.8	3.8	4.0
Crises Counseling	4.7	4.7	4.8	4.4	4.8	5.0
Family Planning	4.8	4.7	4.8	4.5	5.0	5.0
Therapy/children w/handicapped parents	4.6	4.5	4.8	4.3	4.8	5.0
Family Therapy	4.4	4.0	4.6	4.3	4.7	5.0
Public Assist. Referrals	4.3	3.5	4.4	4.3	4.7	5.0
Prenatal Counseling	4.8	4.2	5.0	4.9	5.0	5.0

^aRespondents rated each item on separate five-point scales in which higher ratings indicate greater need.

- Respondents see a parenting skills course as one the most crucially needed services for develop-

mentally delayed junior high school students.
Table 3

Summary of School-Based Staff's Mean Assessment
of Needs of High School Developmentally Delayed
Pregnant/Parenting Students^a

Support Services	Overall (n=48)	Man- hattan (n=6)	Brooklyn (n=14)	Bronx (n=9)	Queens (n=15)	Staten Island (n=4)
Completion H.S.	4.4	4.4	4.5	4.7	4.1	4.5
Individual Counseling	4.7	4.2	4.5	4.8	4.9	4.5
Parenting Skills	5.0	5.0	4.9	5.0	4.8	5.0
Family Living Skills	4.9	4.8	4.9	5.0	4.7	5.0
Social Skills	4.6	4.8	4.5	4.9	4.3	4.8
Health Ed.	4.5	4.2	4.4	4.9	4.6	4.5
Therapy/Re- creational	3.6	3.5	3.7	3.2	3.7	3.8
Crises Counseling	4.6	4.7	4.8	4.4	4.5	4.8
Family Planning	4.8	4.7	4.8	5.0	4.5	4.8
Therapy/children w/handicapped parents	4.0	4.3	3.8	4.2	3.7	5.0
Family Therapy	4.2	3.8	4.0	4.7	4.5	4.5
Public Assist. Referrals	4.4	4.0	4.3	4.7	4.6	4.3
Prenatal Counseling	4.8	4.2	4.9	5.0	4.9	4.5

^aRespondents rated each item on separate five-point scales in which higher ratings indicate greater need.

- Respondents view intra-family skills development as a
ally needed service for high school developmentally delayed

pregnant/parenting students.

Table 4

School-Based Staff's Percentage Assessments of the Importance of Additional Support Services for Junior High School Developmentally Delayed Pregnant/Parenting Students

Support Services	Overall (n=37)	Manhattan (n=7)	Brooklyn (n=12)	Bronx (n=8)	Queens (n=9)	Staten Island (n=1)
Trans- portation	68.0	43.0	83.3	62.5	68.0	100.0
Social Worker	78.4	71.4	92.0	75.0	68.0	100.0
Guidance Counselor	70.3	71.4	75.0	100.0	33.3	100.0
Recreat. Therapy	35.1	29.0	33.3	50.0	22.2	100.0
Male Role Models	60.0	71.4	58.3	75.0	33.3	100.0
Female Role Models	62.2	43.0	67.0	88.0	44.4	100.0
Health Clinic	78.4	43.0	92.0	100.0	67.0	100.0
Family Therapy	68.0	57.1	92.0	63.0	44.4	100.0
Jobs/ Voc. Counselor	84.0	71.4	92.0	100.0	67.0	100.0
Family Liv. Profess.	51.4	43.0	50.0	75.0	33.3	100.0

- Overall, respondents indicated that jobs and vocational counseling, health clinics, social workers, and guidance counselors were the most important additional support services needed.

Table 5

School-Based Staff's Percentage Assessment of
Additional Support Services for High School
Developmentally Delayed Pregnant/Parenting Students

Support Services	Overall (n=48)	Man- hattan (n=6)	Brooklyn (n=14)	Bronx (n=9)	Queens (n=15)	Staten Island (n=4)
Trans- portation	63.0	50.0	57.1	67.0	67.0	75.0
Social Worker	77.0	83.3	86.0	78.0	73.3	75.0
Guidance Counselor	65.0	50.0	79.0	66.0	53.3	75.0
Recreat. Therapy	20.0	100.0	29.0	22.2	13.3	50.0
Male Role Models	63.3	50.0	64.3	78.0	53.3	75.0
Female Role Models	61.0	67.0	64.3	56.0	68.0	75.0
Health Clinic	88.2	100.0	100.0	89.0	68.0	100.0
Family Therapy	71.0	67.0	71.4	78.0	60.0	100.0
Jobs/ Voc. Counselor	92.2	83.3	100.0	100.0	80.0	100.0
Family Liv. Profess.	65.7	50.0	71.4	78.0	53.3	100.0

- Overall, respondents concluded that health clinics are the most crucial need of high school developmentally delayed pregnant and parenting students.

respondents indicated that vocational counselors and health clinics were the most essential support services.

Student Needs Assessment Findings

The student survey queried students as to their age, grade, and parenting status. Students were also asked to choose among 16 listed support services such as information on prenatal and individual counseling, and those services that they would like to have available as a pregnant or parenting teen. They were then asked if they would use on-site day care services if such services were available at their schools. A total of 960 surveys were distributed; 431 (45 percent) were returned to OREA.

Although 85 percent of the student respondents failed to indicate their grade level in school, they did state gender and age. Of the students who did respond, 31 percent were male and 69 percent were female. Twenty-four percent of the respondents were 12 to 16 years old, 54 percent were between 17 and 19 years of age, and 16 percent were aged 20 to 23 years old. Although the majority of these students were single with no children (49 percent), 39 percent were either single and pregnant (14 percent) or single with one or more children (25 percent), and seven percent were married with children. Yet, interestingly and as shown in Table 6, only 44 percent of the respondents felt they needed information on family planning. In fact, the most frequently indicated need was help in completing high school (71 percent), followed by jobs and vocational counseling (60 percent). The least requested services were family therapy (27 percent), prenatal counseling (31 percent), and crises counseling

Table 6

Summary of the Support Services Requested by Developmentally
Delayed Pregnant/Parenting Students

Support Services	Percent Requesting
Help in completing high school	70.5
Jobs/vocational counseling	60.3
School-based daycare	58.5
Course in family health care	51.5
Course in parenting skills	51.0
Transportation	48.3
Course in family living skills	47.3
Family planning	44.1
Medical/social services	44.1
Home-based child care	40.1
Individual counseling	40.0
Counseling in male/female relationships	37.1
Course in how to play/interact w/child	32.3
Crises counseling	32.0
Prenatal counseling	31.1

- Education and jobs are of more concern to students than intra-family skills development activities.

(31 percent). Forty-eight percent of the respondents said they would use school-based daycare for their children if it were available. The most frequently stated reason for using school-based day care was convenience. Conversely, the most frequently stated reason for not using school-based day care was safety.

Based on survey data, it appears that these students are more concerned with getting an education and finding a job than with developing parenting skills and interpersonal relationships. In fact, only 51 percent of the students felt that they needed a course in parenting skills and only 32 percent were interested in a course on how to play and interact with infants and toddlers. These attitudes may reflect a lack of understanding with regard to the complexity involved in child rearing.

INCREASED STAFF DEVELOPMENT ACTIVITIES

In addition to providing child care, the Program for Pregnant and Parenting Services provides staff development and parent development services through the Staff Development and Teen Parent Resource Center, located in Manhattan. The center offers training in parenting skills, child development, and related child-care activities to program staff, regular and alternative schools staff, teen parents, and other interested members of the community. In addition, it sponsors a Teen Council and publishes a newsletter for teen parents and educators. Block grant funds were used to expand the center's workshop programs by hiring a full-time staff developer, and to hire consultants to assist in curriculum development activities.

Training of Teachers of Parenting, Social Workers, and Guidance Counselors

A hands-on workshop, entitled "Strengthening the Parent-Child Bond Through Play," was offered to 30 teachers in April and May of 1993. These teachers were from regular and alternative schools rather than from the program. This workshop emphasized the importance of play in a child's language development and in forming a bond with parents. The Center gave teachers evaluation forms to use in rating the quality of the workshop. Of the 10 teachers who completed their forms, nine rated the workshop as "very good" and noted that they gained new insights into the importance of play in the overall development of a child.

In June, a workshop entitled "Group Work with Pregnant and Parenting Teens" was offered to school guidance counselors and social workers. Twenty-seven people attended. Due to demand, the Center has scheduled a second workshop for the fall term of 1993. As of June 30th, 31 people--some of whom are from schools that have never before acknowledged a teen pregnancy or parenting problem within their student population--had signed up for the fall workshop.

Weekend Special Education Institute

In an effort to increase staff development activities, the program provided tuition for 15 staff members to attend a Fordham University course entitled "The Teen Parent and Disability Issues." Staff earned three college credits.

Expansion and Enrichment of Parenting Education Courses

As might be expected, the large number of parenting and pregnant teens has increased the need for parenting skills

courses. The program, therefore, used block grant funds to hire consultants to work with classroom parenting teachers in 28 high schools in revising the current curriculum. In addition, parenting courses are to be added to the curriculum at 10 more high schools in the fall of 1993.

INCREASED PARENTING SKILLS INITIATIVES FOR PREGNANT AND PARENTING TEENS

Mommy And Me

Professionals who work with teen mothers report that many of these mothers do not know how to play and interact with their infants and toddlers. The program, therefore, used block funds for a pilot after-school workshop program designed to help teen mothers learn how to interact with their infants and toddlers in appropriate and productive ways.

The workshop, entitled "Mommy And Me," was held after school at five sites throughout the city and ran 10 one-hour sessions with two sites running 5 two-hour sessions. Mothers were paid \$3.50 per hour to attend, but were only paid for the actual time they attended. Although this payment arrangement was a big draw, many continued to attend after their paid time was up because they liked the program so much.

The sessions were divided into infant and toddler activities. Infant sessions focused on three areas: temperament (reading & talking), motor development (floor play), and communication (how baby talks to you). Toddler activities included singing, finger painting, water play, clay play, reading, and snacks. In addition, mothers were asked to keep journals about their child-care activities at home.

Program staff interviewed teachers about the effectiveness of the program. For the most part, they thought that the activities were fun, that they validated the idea that it is okay to play with the baby, and that they provided a special time in which the mothers could actually play with their children without having to attend to other chores. The teachers agreed that by keeping a journal, discussing problems in the classroom, and actually playing with the children, the mothers became more reflective about what they did at home. In addition, these sessions were support groups for the teen mothers: they made new friends within the group and shared common experience and fears about being single parents. Furthermore, the mothers began to view LYFE teachers as counselors rather than authority figures.

Read To Me

Read To Me is a collaboration between the Program for Pregnant and Parenting Services and the Teachers & Writers Collaborative which is designed to encourage teen parents to read to their infants and toddlers.

In the spring of 1993, Read To Me ran seven sessions in each of two schools: Ida B. Wells School in Queens and the Community School for Continuing Education in Brooklyn. The sessions included reading demonstrations, guest lectures by librarians, readings by authors, and demonstrations by illustrators. In addition, parents created their own books to read to their children. Although there was no formal evaluation, staff members reported that participants were pleased with the program. The workshop program will be expanded in the fall of 1993.

Teen Parenting and Child Care Magazine

The Program for Pregnant and Parenting Services plans to develop a teen parenting and child care magazine at each of its sites. Due to time constraints, however, this project has not yet begun.

Teen Support Network

The Teen Resource Center established a Teen Support Network in 1992. The network is designed to enhance leadership skills among parenting teens while providing support and advocacy skills. Block grant funds were used to expand the network and to provide an orientation session for students who had signed up to participate in the Teen Support Network in the fall, as well as to provide two workshops during the summer.

The workshops were held July 6-9 and July 12-16. Students spend the first week writing journal entries and essays on parenting and related issues, some of which will be published in the Center newsletter. The second week was devoted to health care issues. Students learned C.P.R. and first aid techniques, and discussed how to handle emergency medical situations. The workshops were successful, and additional ones are planned for the fall term.

III. CONCLUSIONS AND RECOMMENDATIONS

The Program for Pregnant and Parenting Services addresses a difficult issue within the New York City public school system: the needs of children with children. It was successful in meeting its objectives for the block grant funding. Unfortunately, the problems faced by teen mothers are multifaceted and long-lasting. Children who have children will be, for the most part, economically disadvantaged for many years. And, their children are more likely to be welfare-dependent.

Recognizing that issues of adolescent sexual behavior and contraception are politically volatile, while also acknowledging that reducing the rate of unintended pregnancy among adolescents is the best way to insure that our children 's children are indeed our future, OREA recommends that the program:

- increase efforts to include the partners of its pregnant and parenting students in all program activities; and
- develop a curriculum that encourages adolescents to delay childbearing until both the father and the mother are willing and able to make a life-long financial and emotional commitment to the child.